

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3087

FILED FEB 6 1942

Registration District No.

Primary Registration District No. 5253

Registrar's No. 1

1. PLACE OF DEATH:

(a) County. Osage
(b) City or town. Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Life time
years, months or days

3. (a) PRINT FULL NAME Rainey Schaefer

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertie Schaefer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 18 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 13 hr. min.

9. Birthplace Loose Creek
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Martin Schaefer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Gertude Schaefer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertie Schaefer
(b) Address Linn Mo, R.D.

17. (a) Burial (b) Date thereof 1-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn Mo

19. (a) 1-5-1942 (b) Family Matter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri
(b) City or town Loose Creek Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Death due to self-inflicted gun shot wounds - 12 gauge shot-gun. Shot pure to trip heart
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Jan. 1, 1942
(c) Where did injury occur Loose Creek, Osage, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm (Specify type of place)
While at work? (e) Means of injury 3

23. Signature W.W. Wildman (M. D. or other)

Address Wassapha, Mo. Date signed 1/2/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

FEB 4 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John Holt, Registered Apprentice No. _____, working under my personal supervision.

Signed Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.